RACHEL WU

CC4/FCl20003235/R1ha3R1ba3q2

| .KK: | | |
|------|--|--|
| DAC: | | |

X

| TATC | CA | CE | OU | JN | FR | |
|------|----|----|----|----|----|--|

ASSIGNMENT DOI: 25/02/2020

| | 0.000 |
|---------------------|--------|
| | RASUL |
| A REST TO B T COURT | IVIOUL |

20/02/2020 Date / Time: Registered in Merimen:

Pre-assign / CCU / FTE

SHC 7320U

D20001053MFSH

Insured Vehicle No. Name of Insured

CITYCAB PTE LTD

Claim No.

Insured Tel No.

D-20094921MFSH Policy No.

HYUNDAI 140

Excess Sec II :S\$

D.O.A: 21/01/2020 15:50

Make / Model : Place of Accident:

MEDIACORP NEW CAMPUS

Is driver the owner?

(YES / NO)

Nature of Accident:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

If NO. Driver Name / Age: CHEW TICK HOCK +65-97207111

(V/L: YES / NO)

Final? Yes/No Insured Liability:

SKA 6972U

Liability:

INSRS: WSP: WAH HONG Tel:

LOU only

S\$

S\$

S\$

S\$

S\$

SS

SS

S\$

Date/Time:

7.45

621.95

600.00

LOR only

GIA/LTA Search

Disbursement:

FINAL PAYMENT

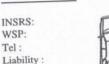
Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Legal Cost

Payee 1:

Medical:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

1) Claim status: Normal/Reject/Private Settle

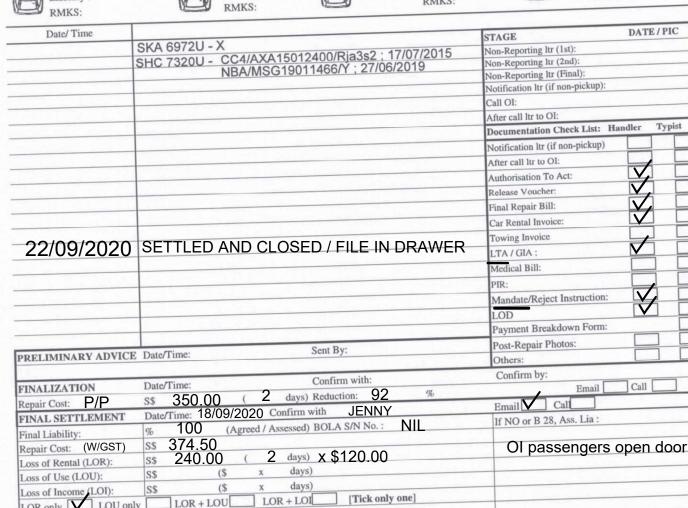
\$350.00

2) Report Format:

3) Survey fee:

WAH HONG MOTORS & CREDIT PTE LTD

Typist



(e.g. Tow/ Independent)

Global Sum S\$: 600.00

Confirm with:

Name 2:

Name 3: